



Registration of Backflow Prevention Assembly Tester

Name of Company: _____

Phone number: _____

Mailing Address: _____

City, State, Zip: _____

The following documents must be attached:

- ☐ Copy of valid Testers License
- ☐ Copy of Valid Gauge Calibration Test
- ☐ Copy of Fire Marshal Certification if Testing Fire related systems
- ☐ Do you want to be placed on the public list of testers?

Note: Test records are kept for three years. Repairs must be made using only the manufacture's replacement parts. The *ORIGINAL* test reports must be submitted to the City of Huntsville Central Inspections at 448 SH 75 North Huntsville, TX 77320.

City of Huntsville

Central Inspections

Backflow Prevention Assembly Test And Maintenance Report *

Property Name: _____

Property Address: _____

Contact Name: _____ Contact Phone: _____

Mailing Address: _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Type of Assembly

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer: _____ Size: _____

Model Number: _____ Located At: _____

Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did not Open <input type="checkbox"/>	Opened at ____ psid Did not Open <input type="checkbox"/>	Held at ____ psid Did not Open <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Remarks: _____

Test Gauge Information

Make/Model _____ S/N: _____

Last Calibration Test Date: _____ Remarks: _____

The above information is certified to be true at the time of testing.

Firm Name: _____	Certified Tester: _____
Firm Address: _____	Cert. Tester No. _____ Exp: _____
Firm Phone #: _____	Date of test: _____

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

**USE ONLY MANUFACTURER'S REPLACEMENT PARTS

SEND ORIGINAL TO: **Central Inspections** ; 448 State Hwy 75 North, Huntsville, TX 77320